



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

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7590 03/29/2006

William H. Bollman Manelli Denison & Selter PLLC 2000 M Strret NW Suite 700 Washington, DC 20036-3307

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Form with fields for Depositor's name, Signature, and Date.

Table with columns: APPLICATION NO., FILING DATE, FIRST NAMED INVENTOR, ATTORNEY DOCKET NO., CONFIRMATION NO.

TITLE OF INVENTION: UNBALANCED CODING FOR CORDLESS TELEPHONY

Table with columns: APPLN. TYPE, SMALL ENTITY, ISSUE FEE, PUBLICATION FEE, TOTAL FEE(S) DUE, DATE DUE

Table with columns: EXAMINER, ART UNIT, CLASS-SUBCLASS

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). [] Change of correspondence address... [] "Fee Address" indication...

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm...

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. (A) NAME OF ASSIGNEE Agere Systems Inc. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Allentown, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): [] Individual [X] Corporation or other private group entity [] Government

4a. The following fee(s) are enclosed: [X] Issue Fee [] Publication Fee [X] Advance Order - # of Copies 1

4b. Payment of Fee(s): [X] A check in the amount of the fee(s) is enclosed. [] Payment by credit card. [X] The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0687

5. Change in Entity Status (from status indicated above) [] a. Applicant claims SMALL ENTITY status. [] b. Applicant is no longer claiming SMALL ENTITY status.

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Authorized Signature [Signature] Date May 25, 2006 Typed or printed name William H. Bollman

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